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ABSTRACT

This report documents the activities and outcomes of the 5-year model demonstration project AHEAD (At Home and At Day Care), a Utah program that is designed to deliver services to infants, toddlers, and young children (ages birth-3) with noncategorical disabilities. The program delivers services to the children and their caregivers in their natural environment, including the home, the childcare setting, or wherever the child is located. The data collected during the demonstration phase showed that all children receiving AHEAD services made steady increases in skills in all developmental domains. Upon the recommendation of a review panel, AHEAD began replication activities during years four and five of the project. During this time, early intervention agencies throughout Utah were offered the opportunity to receive AHEAD training and resources as validation/replication agencies. These included agencies that were rural and metropolitan, and both publicly and privately funded. The replication agencies have demonstrated that AHEAD materials and training can be successfully transferred across agencies, personnel, delivery systems, and children, families, and child care providers. The report includes the objectives and activities of the project, the conceptual framework, and a description of the model and participants. Appendices include an overview of AHEAD training topics, evaluation forms, and data results. (Author/CR)

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FINAL REPORT
to
Early Education Program for Children With Disabilities
U.S. Department of Education
Grant Number: H024E80021

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by
Project AHEAD
(At Home & At Day Care)

Where The Child Is, The Services Are: Home, Home Care, Day Care, Hospital/Clinical Services to Infants, Toddlers, and Preschool Aged Children with Disabilities and Their Caregivers

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II. ABSTRACT

Where The Child Is, The Services Are:
Home, Home Care, Day Care, Hospital/Clinical Services
to Infants, Toddlers, and Preschool Aged Children
with Disabilities and Their Caregivers

Project AHEAD
(At Home & At Day Care)

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This report documents the activities and outcomes of the 5-year Model Demonstration Project AHEAD (At Home & At Day Care).

In responding to the changing needs of early intervention service agencies and providers, the SKI•HI Institute in 1991 applied for and received federal funding to develop and implement a state-of-the-art best practice Model Demonstration program. The purpose of this program was to deliver services to infants, toddlers, and young children with noncategorical disabilities (for our purposes this means any child who has a diagnosed disability or meets the state's eligibility criteria for early intervention services), ages birth to three and their caregivers in natural environments including the home, the child care setting or wherever the child is located. AHEAD was demonstrated in a large metropolitan Part H funded early intervention service agency in Salt Lake City, Utah and in a Part H funded early intervention service agency in a semi-rural area in Logan, Utah. The data collected during this demonstration phase showed that all children receiving AHEAD services made steady increase in skills in all developmental domains. The original demonstration sites are committed to the Model and continue as on-going demonstration sites today.

Upon the recommendation of a review panel, AHEAD began replication activities during years four and five of the project. During this time, early

intervention agencies throughout the state of Utah were offered the opportunity to receive AHEAD training and resources as validation/replication agencies. These included agencies that were rural and metropolitan, and both publicly and privately funded. All types of agency organization, diversity among families, and differences in delivery systems were experienced. These replication agencies have demonstrated that AHEAD materials and training can be successfully transferred across agencies, personnel, delivery systems, and children, families, and child care providers.

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IV. Final Report on Goals, Objectives, and Activities of the Project Over the Five Year Grant Period, November 1, 1991 thru October 31, 1996 and the Grant Extension Period, April 30, 1997.

Objective 1: To develop and implement procedures for working with local early intervention agencies and home and day care based services.

Project personnel met with the Utah Part H Coordinator and the 619 State Director to discuss how Project AHEAD would interface with Utah's early intervention and early childhood programs. Two Part H early intervention agencies were chosen as model programs for the state. It was determined that Project AHEAD would work with these two agencies to develop a model home-based child care-based component. The programs chosen were Developmental Disabilities, Inc. (DDI) in Salt Lake City, Utah and the Family Intervention Program (FIP) in Logan, Utah. Regular meetings between the participating agencies and Project AHEAD were conducted to plan the working relationship of Project AHEAD with these programs. This included using the referral process followed by the agency and using a selection process of families and children following the criteria established in the AHEAD grant document. Through this referral and selection process, AHEAD served a total of 61 children and families.

An AHEAD Advisory Board was formed which included the State Coordinator of Part H Early Intervention Programs, State Director of 619 Early Childhood Programs, Director of Early Intervention programs in Utah, parents, a Director of a local child care center, and AHEAD staff. This board met regularly to update

members on Project AHEAD activities, discuss issues, and receive input.

A statewide meeting with all Part H early intervention providers led to requests for adoption training and technical assistance. At the end of the validation phase, Project AHEAD provided training to fourteen of the seventeen early intervention agencies under Part H and three private agencies in Utah, annually serving approximately 2,000 children and families. The two original demonstration sites continue as on-going demonstration sites. (see Appendix A for letters of support to Project AHEAD).

Objective 2: To develop and implement a family interview, needs assessment, and individual family service plan.

The SKI•HI Institute studied the Bailey and Simeonsson's Family Focused Interview and made a video tape to train service providers . In July 1992, AHEAD service providers were trained in the use of the Family Focused Interview. In August, 1992, service providers implemented the Family Focused Interview. (see Appendix B.) They made every effort to follow the components, and refined their skills through their experience in using this tool and process.

It was determined that the Family Focused Interview would be used along with the AHEAD Menu of Information and Strategies for Families/Child Care Providers of Children with Special Needs (see Appendix C) to assist families in identifying their needs, concerns, and interests.

Through AHEAD training during the validation phase, service providers were trained in using the family focused interview in a user friendly way by viewing the

video tape and developing interview questions that would work best in gathering information from the family.

AHEAD used the IFSP process that was developed through Utah Part H. AHEAD service providers were viewed as equal IFSP team members by the early intervention agencies. They participated in team assessment, team meetings, and writing of the IFSP with other team members.

Objective 3: To develop a non-categorical home-based/day care center service delivery curriculum.

AHEAD staff reviewed approximately 20 developmental curricula and came up with proposed resource materials. The AHEAD Resource Manual (2 volumes) was put in draft form and used in a working format. Two revisions of the manual were made during the grant period. In revising the resources, more practical ideas for activities were added for service providers to use with families and child care providers. A self-help section and a motor section were also added based on the needs of service providers. More visuals, activity sheets, and handouts were added to enhance the learning of new skills and information.

The AHEAD Resource Manual provides service providers with background information on understanding families and child care providers in general as well as processes and procedures in conducting an individualized family-centered home-based program with bridging to the child care program. A comprehensive section on working with child care providers was developed to help service providers deliver effective services to child care providers. The AHEAD Resource Manual also

provides information on developing and implementing an optimal home and child care environment for the child in the areas of communication, language, motor, play/social, feeding, toilet training, dressing and grooming.

Through technical assistance from NEC*TAS, visits were made to the Educational Home Model Project, Missoula, Montana and to When Children Soar with the Wind, Denver, Colorado. Valuable information was gained on ways to work more effectively with child care providers, having a better understanding of the child care provider's situation, and becoming aware of other resource materials available. Local child care providers were visited and interviewed to gain additional information on how best to work with child care providers. Project AHEAD has received many favorable comments on how useful and valuable the resources are in working with families and child care providers. (For the sections contained in the AHEAD Resource Manual, see Appendix D.) (For an example of an AHEAD topic, see Appendix E.)

Objective 4: **To recruit, select, and train early interventionists (service providers) to deliver home-based/day care center and other out of home curriculum.**

The AHEAD staff contacted local early intervention programs and studied criteria for service providers. Job descriptions were written and job positions were advertised in state and local papers. After applications were reviewed and interviews were conducted, four service providers were chosen for Project AHEAD. When two service providers left the project, the Director and Coordinator chose to increase the

caseloads of the two skilled and experienced service providers hired originally rather than recruiting new staff. Each service provider had a caseload of 10 children.

Service providers were trained in AHEAD home-based and child care delivery services. AHEAD monthly inservice meetings provided on-going training for service providers. These included sessions on working more effectively with fathers, grandparents, teenagers, child care providers, and writing IFSP goals.

Service providers from the demonstration sites were also trained in AHEAD processes, procedures, and resources. Later, fourteen of the seventeen early intervention agencies under Part H and three private agencies in Utah received AHEAD training.

Objective 5: To provide regular home-based/day care center-based services to families of target children.

Families were chosen and matched to service providers by the agency Director and AHEAD Coordinator. The service provider conducted an orientation of AHEAD with the family describing services available. During these first contacts, information was gathered including the child's needs, family information and observations relating to the child's abilities, demographic information, discussion of agency procedures and services and answers to parents' questions.

During these first contacts parent's legal rights were usually discussed, applications and releases of information signed, a family needs checklist presented and discussed, and medical and health needs determined.

If advised, a standardized assessment was initiated or scheduled with the

parents to assess the child's present level of development in the areas of motor, cognition, communication, social emotional and self-help skills and to determine eligibility for services. However, since medical diagnosis or clinical opinion often are adequate determiners for a child's eligibility for services, formal assessment was not always conducted. If the child was eligible for services, a developmental evaluation instrument (i.e., HELP, E-LAP) was used to determine the child's specific functional levels. The service provider worked with the IFSP team in completing the IFSP.

The individualized home based program was determined by the parent-service provider partnership based on initial and ongoing IFSP goals and supported by the use of the AHEAD Resource Manual (contains the developmental areas of communication, language, motor, play/social, and self-help), agency staff and resources, as well as community resources.

During ongoing home visits, the parents and service provider selected the resources and topics to meet child and family needs. The service provider shared information, modeled skills, and assisted and encouraged parents in learning how to stimulate the child to develop his /her fullest potential. The service provider also served as a support in coping with the feelings that parents of a child with special needs often have, as well as a resource to assist in finding answers to questions and solutions to specific problems that related to the child.

After regular home visits were in place and a working partnership was established between the parents and the service provider, services to the child care

provider began. An initial meeting was held with the parents, service provider, and child care provider to discuss available services, and to coordinate home-based services and child care services. During the beginning child care visits, needs of the child care provider were identified through a conversational interview, sharing of the child's IFSP goals, AHEAD Menu of Information and Strategies for Families/Child Care Providers of Children with Special Needs, or observation at the request of the child care provider.

The service provider provided information and skills in a way that the child care provider would find meaningful and practical to assist and support him or her in caring for, enhancing the development of, and integrating the child with disabilities. This involved modeling techniques, discussing information, or sharing reading material. The service provider and child care provider work in a partnership and together decide what topics, information, or skills to address at each visit.

Individualized services and frequency of visits per month were based on the needs and concerns of the child care provider and the child's IFSP in cooperation with the parents. The AHEAD Resource Manual and resources used by the agency were used to meet the needs of the child care provider and the child.

A six-month review of the IFSP, (or more frequently if conditions warrant) was done by the parents, service provider, and appropriate team to determine progress and whether modifications or revisions of the outcomes should be made.

Transition of the child and family to the next most appropriate, least

restrictive environment was based on child assessment and progress, family progress, professional and family input, and goals and outcomes of the transition IFSP written by the parents and the team members prior to the child's actual transition.

Service providers used weekly lesson plans and a monthly summary sheet. They also collected and submitted child/family demographic data, child/family service profile data, child progress data, and satisfaction service data, beginning January 1, 1993. (For AHEAD data sheet and service satisfaction survey sheets, see Appendix F.) (For the results of this data, see Appendix G.)

AHEAD supervisors made monthly on-site support visits and monthly telephone support calls with each AHEAD service provider.

At the end of the demonstration phase, 61 children and families and 12 child care providers received AHEAD services.

Objective 6: To determine and implement transdisciplinary supportive component.

The demonstration site agencies had a parent library loan process, parent groups, a social worker/psychologist, and supportive staff. It was inappropriate and a duplication of services for AHEAD to develop these services.

AHEAD service providers assisted families in accessing local, state, and national resources. These included Mountains Plains Regional Resource Center in Logan, Utah, Utah Parent Center in Salt Lake City, Utah, NORD (National Organization for Rare Diseases), and support groups for specific syndromes. Service

providers also informed families of workshops conducted by agencies (e.g., toilet training, behavior management). For families who wanted counseling, service providers assisted them in accessing help from a psychologist/social worker at the agency. Through service providers' participation on the agency's team, accessing services and consultation (e.g., physical therapy, occupational therapy) for families was enhanced. The team also assisted families in benefitting from resources in the community such as neuroclinic, genetics clinic, and ortho clinic.

Objective 7: To develop and implement a transition program from home to preschool center-based programming.

The demonstration site agencies followed a transition plan that was developed by Utah Part H. AHEAD service providers also followed this transition process. They took time during home visits to describe the transition process and educational options to families. Service providers attended transition meetings which occurred before the child's third birthday, and the IEP meeting with key people from the school district. They also accompanied families to observe preschool programs in the community at the family's request.

V. Conceptual Framework for the Project

Project AHEAD is based on the concept of providing services to infants, toddlers, and young children with noncategorical disabilities, ages birth to three years and their caregivers in the home, the child care setting or wherever the child is located. The project is designed to fit into a statewide service delivery model to work with exciting services to fill gaps and strengthen home-based and child care-based services.

Specific needs and problems addressed by Project AHEAD are discussed below:

1. **Providing a full range of services including home-based to all infants, toddlers, and preschool-aged children with disabilities.**

States have the challenge to provide comprehensive early intervention services to young children with disabilities under P.L. 99-457. States must have a variety of service delivery models which provide coordinated services to families and children.

2. **Providing a cost effective model of services to homes and child care locations of children with special needs.**

Typical models of full time service providers cannot be implemented in a large state without requiring either professionals or families and young children to spend hours traveling. A model is needed which provides local professionals who serve families and child care providers without requiring excessive travel.

3. **Training and support to child care providers who care for children with special needs.**

There is an urgent need for direct services to child care providers to assist, train, and support them in caring for children with special needs (Jones & Miesels,

1987; Klein& Sheehan, 1987; Rule, Stowitscheck & Innocenti, 1986). Child care settings differ greatly from the child's home and present different problems and challenges. Child care providers may be willing to accept children with disabilities but are uncertain of their abilities to serve children with special needs (Rule, Killoran, Stowitschek, Innocenti, & Striefel, 1985). There is an urgent need to develop and deliver individualized services to the child care setting on a regular basis to train and support child care providers.

4. **Providing family-centered intervention.**

A family centered approach to intervention is necessary, not only because of legal mandates (Part H of the Individuals with Disabilities Education Act (IDEA), but because it will facilitate (a) an understanding of the child as part of a family system, (b) the identifying of family concerns and priorities for service, (c) the identifying of family resources and supports that promote family adaptation, and (d) the expanding of a base for evaluating services (Bailey & Simeonsson, 1988).

5. **Providing a normalized, non-segregated environment for the target children.**

A model is needed to allow young children with disabilities to achieve their optimal functioning level within normalized nonsegregated environments. A major problem lies in how to provide this environment with a young child with disabilities.

6. **Transition from home, home care, or day care intervention for infants and toddlers to programs for children age three to five.**

In some states, transition can be a challenge because birth through two services

are provided by state health agencies, and three through five through state education agencies.

Effective transitioning needs to involve the parents, service providers, teachers and other members of the team who address the gathering of information from and about the family, child assessment, staff/parent knowledge of programs, parent involvement, cooperative decision making, program modification and ongoing communication. This ensures continuous age-appropriate service for the child and positive, productive program-change experiences for family members.

7. **Lack of transdisciplinary home and day care services for families of children with special needs**

A cooperative, team managed service delivery system requires careful coordination in order to provide effective services to families, child care providers, and young children with disabilities. In the team concept, the parents and all the professionals involved with the child work together to bring about coordinated programming for the child. A service provider acts as the primary information gatherer and implementor of services. The other team members supply their consultation and support so the service provider may carry out appropriate activities with the family, child care provider and child.

8. **Need in Utah for a model to fill in the missing pieces of a comprehensive state-wide delivery system**

Early intervention service delivery agencies face multiple challenges. For many of these agencies, the personnel providing services to young children with disabilities

are not trained in home-based or child-care based procedures or in working with diverse families or child care providers in their natural settings. Many early interventionists have difficulty accessing resources to assist them in their daily work with children, families, and child care providers and need specialized knowledge (Bailey, Simeonsson, Yoder & Huntington, 1990).

VII. Description of the Model and Participants

The AHEAD Model is an early intervention model that provides services to infants, toddlers, and young children with noncategorical disabilities, birth to three years and their caregivers. These services are delivered in the home, child care setting, or wherever the child is located.

The service provider works in a collaborative partnership with the family. The family together with the service provider collaboratively identify needs, concerns, and interests of the family by using a family focused interview/conversation/chat and the AHEAD Menu of Information and Strategies to offer choices to the family. At the same time, the Individual Family Service Plan (IFSP) is developed collaboratively. The service provider works and plans with the family and other team members to gain information about the child and to provide the necessary resources and skills that will enable family members to understand and creatively deal with the child and to promote the child's optimal development in the areas needed. The service provider also serves as a support in coping with the feelings that parents of a child with disabilities often have.

AHEAD is tailored to the home environment where intervention can best be individualized to the family, child, and the interactive family systems. The input and involvement of family members in planning activities within the home that the child will enjoy and participate in and that honor and respect the family's cultural beliefs, customs, and behaviors is most important to the success of the home intervention process.

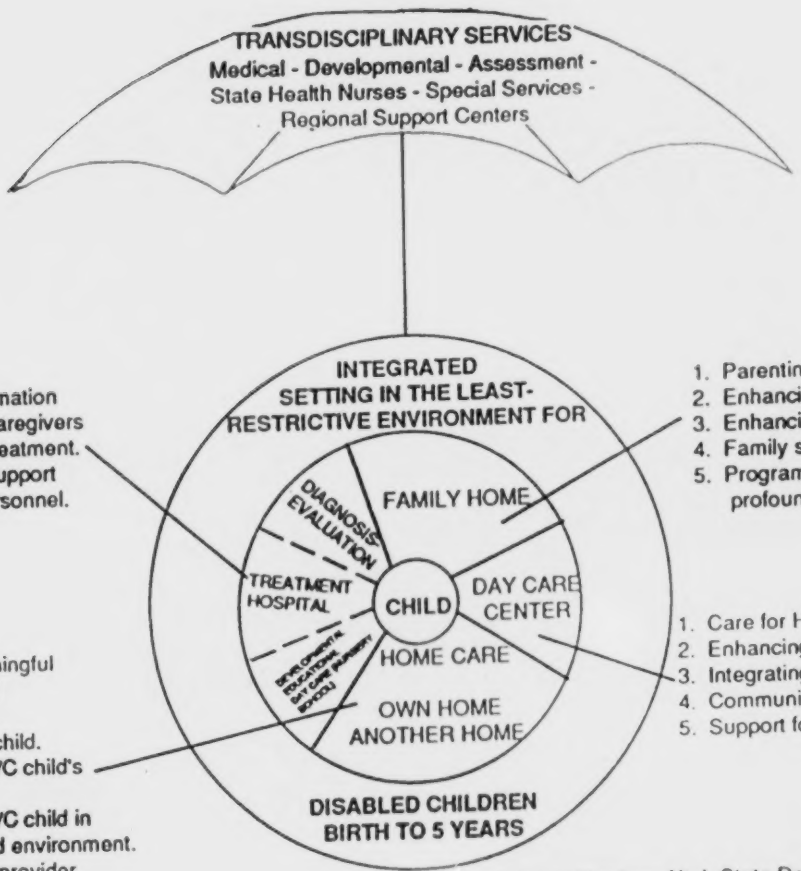
AHEAD addresses the need for training and support of child care providers through visits to the child care setting by a service provider. The service provider and child care provider work in a collaborative partnership by identifying and prioritizing the needs and interests of the child care provider. The service provider addresses these needs and interests in such a way that is appropriate for the child care provider in his or her setting and situation. These include discussion of information and skills, demonstration of (and feedback of) appropriate skills and techniques within the child care routine, providing printed, audiovisual, and other resource materials, conducting a group training workshop or a combination of these.

The service provider uses the AHEAD Resource Manual in his or her work with families, child care providers, and children. It contains appropriate service delivery to families and child care providers of young children with disabilities and information in the development areas of communication, language, motor, play/social, and self-help that are specific to young children with disabilities.

Transition of the child from an early intervention program to the next Least Restrictive Environment (LRE) occurs when all IFSP goals and family needs have been met. This transition process traditionally begins after the child's second birthday and the actual transition takes place when the child becomes 36 months of age and includes the collaboration of parents, the service provider, the team from the early intervention program and personnel from the program into which the child is being transitioned.

PROJECT CONCEPTUAL DESIGN

PROJECT AHEAD



1. Support and information for parents and caregivers while child is in treatment.
2. Information and support for other care personnel.

1. Parenting of H/C child.
2. Enhancing growth in area of delay.
3. Enhancing family interaction.
4. Family support.
5. Programming and support for severe profound H/C.

1. Developing meaningful relationships and communications.
2. Care of the H/C child.
3. Enhancing the H/C child's development.
4. Integrating the H/C child in the neighborhood environment.
5. Support for care provider.

1. Care for H/C child.
2. Enhancing development of H/C child.
3. Integrating the H/C child.
4. Communication.
5. Support for day care provider.

TRANSITION
TO EARLY CHILDHOOD
SPECIAL EDUCATION
PROGRAMS 3 - 5

1. Transition from Utah State Department of Health to Utah State Department of Education LEA early childhood programs.
2. Transition to center-based service under Part H from home care programs.
3. Transition from home day care programs to preschool programs.
4. Family transitions from IFSP to IEP process.
5. Transition from treatment programs age 0 - 2 to treatment programs 3 - 5.

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VII. Methodological/Logistical Problems and How They Were Solved

Challenge 1:

One of the main challenges that the project faced was in **developing the model's processes and procedures within two very different early intervention agencies** - a large metropolitan Part H early intervention service agency in Salt Lake City, Utah and a semi-rural Part H early intervention service agency in Logan, Utah. During the development and demonstration phases of the grant period, Project AHEAD addressed this challenge by developing processes and procedures that allowed for some flexibility so the model could be used by these early intervention programs. Procedures and processes were developed according to Part H guidelines and the passage of new laws (e.g., family-centered, partnershipping). Through this experience, a model evolved that can be used by any early intervention agency.

Challenge 2:

Another challenge that the project faced was **developing procedures and processes in delivering effective services to child care providers** in their diverse settings and situations (e.g., family child care, large child care center, nanny) a new experience for the SKI•HI Institute. Project AHEAD addressed this challenge by interviewing child care providers on their preferences related to delivery of services, making on-site visits to projects which focus on child care (Educational Home Model Project, Missoula, Montana and Children Soar with the Wind, Denver, Colorado), and following strategies that were effective in working with families (e.g., working in

a collaborative partnership, addressing needs and concerns that are specific to the individual, offering choices). The project developed a number of ways to address child care provider's needs. These include: discussion of information and skills, demonstration of appropriate skills and techniques within the daily routine, sharing of reading material, problem solving solutions, and group inservices. The AHEAD Resource Manual was written and designed so it could be used with both families and child care providers. It was not necessary to develop two separate resources.

Challenge 3:

Another challenge that the project faced was receiving data from replication sites in Utah. Although Project AHEAD presented the importance of data collection during AHEAD training and sent letters and reminders for data each month, only 31 sets of data were received. (For the results of this data, see Section VIII, Evaluation Findings.)

Challenge 4:

Another challenge that the project faced is continuing what Project AHEAD began within the state of Utah. In July, 1996, AHEAD Trainer's Training was conducted to train service providers in Utah who were designated by their agency to become AHEAD Trainers. As a result, agencies will be able to use their AHEAD trainer who is also their employee to train new personnel (for the AHEAD Trainer's Training Agenda, see Appendix H).

Departures from Original Objectives or Planned Activities

Objective #2: To develop and implement a family interview, needs assessment, and individual family service plan was achieved but altered. It was determined that the Family Focused Interview would be used as the only family needs assessment tool. It was felt that this instrument is ideal for home-based programming.

Objective #6: To determine and implement transdisciplinary supportive service component was accomplished through collaboration with early intervention agencies. It was inappropriate to duplicate services.

Objective #7: To develop and implement a transition program from home to preschool center-based programming was partially accomplished. Utah agencies already had a transition plan in place. However, AHEAD service providers implemented this transition plan.

VIII. Evaluation Findings

Project AHEAD collected and analyzed data during the validation phase of the project. The findings are summarized into the following categories: Demographic, Service, and Child Progress Data. For collective analysis, see Appendix I.

IX. Project Impact

A. State-Of-The-Art Materials

Project AHEAD developed and revised the AHEAD Resource Manual during the demonstration and validation phases of the project. These resources provide information about processes and procedures in conducting an individualized family-centered home-based program with bridging to the child care program and other natural environments. They also provide information on developing and implementing an optimal home and child care environment for the child in the developmental areas of communication, language, motor, play/social, and self-help.

Project AHEAD developed an AHEAD Trainer's Training Manual that will be used by AHEAD Trainers. It includes training topics designed in such a way that trainers can easily follow. Each training topic describes in detail, the purpose, the main concepts to focus on, time required, choice of possible learning experiences, and suggested materials. (For the AHEAD Trainer's Manual Table of Contents, see Appendix J.)

Project AHEAD produced 2 issues of the AHEAD Newsletter which was distributed to early intervention agencies in Utah. The newsletter gave an update on AHEAD activities and provided ideas and activities to use with families and child care providers of young children with disabilities. (For newsletter, see Appendix K.)

B. Summary of AHEAD Training

During years 4 and 5 of Project AHEAD, early intervention agencies

throughout the state of Utah were offered the opportunity to receive AHEAD training and resources. (For information on AHEAD Training Topics, see Appendix L) These included agencies that were rural and metropolitan and both publicly and privately funded. All types of agency organization, diversity among families, and differences in delivery systems were experienced. Project AHEAD has provided services to fourteen of the seventeen early intervention agencies under Part H and three private agencies in Utah. (For a list of Utah agencies that received training, see Appendix M.) (For the AHEAD training evaluation forms, see Appendix N.) (For information on the effectiveness of AHEAD training, see Appendix O.)

X. Future Activities

A. Training, Impact on Professionals, Families, and Child Care Providers, Assistance to Sites

Project AHEAD wrote a grant application for a 3-year period (1996 - 1999) through OSEP-EEPCD and was funded to implement AHEAD OUTREACH with states around the country. AHEAD OUTREACH will impact large numbers of service providers, families, child care providers, and children. It will accomplish this through a "Train the Trainer" model of training and dissemination. Over the course of the grant, approximately 150 Certified State AHEAD Trainers will return to their states and train between 500 and 750 early intervention service providers who serve children, families, and child care providers. These service providers will provide AHEAD programming to approximately 6,000 families.

AHEAD OUTREACH will provide a system for continuation of training, technical assistance, and monitoring in states entering their second and third years of implementation. In addition, AHEAD staff will facilitate sessions for participants at SKI•HI Institute/AAHBEI (American Association for Home Based Early Interventionists) Regional Conferences for AHEAD users. These activities will enhance the knowledge and the practice of the staff in these agencies.

B. New Products and Materials

Through the AHEAD OUTREACH grant, the following materials are being developed:

- AHEAD Awareness Video Tape
- Cultural Diverse Monograph
- AHEAD Home Study Assignments
- Newsletters will be sent to over 2,000 professionals in the SKI•HI Institute network
- Trainer's Tidings Newsletter will be distributed to trainers.

(For references used in this document, see Appendix P.)

Activities: No Cost Extension

During the no cost extension period, additional activities took place to meet the needs expressed by early intervention personnel. One was the need for a motor section in the AHEAD Resource Manual which included topics to use with families and child care providers. Sixteen motor topics were written and incorporated into the AHEAD Resource Manual with graphics and activities.

Another need was for information on sensory integration. This information was written but because of it's technical nature and use across disciplines, it was decided that the information be presented through a monograph rather than through topics in the AHEAD Resource Manual.

XI. Assurance Statement

AHEAD confirms that the full text of this report is being sent to ERIC and that copies of the title page, overview, and summary have been sent to the others addressed on the attached sheet.

APPENDICES

Appendix A

Letters of Support from Demonstration Sites

Developmental Disabilities, Inc.
535 East 4500 South D240
Salt Lake City, UT 84107
801-266-3939
Fax: 801-268-4001

April 4, 1996

U.S. Office of Special Education
Early Education Programs for Children with Disabilities
300 Maryland Avenue S.W.
Mary E. Sweitzer Building
Washington, D.C. 20202

To whom it may concern:

Developmental Disabilities, Inc. is a private, non-profit agency that provides, among other programs, services to infants and toddlers in the home and at day-care facilities, as well as center-based services. We have worked with Project AHEAD for a number of years, and a Project AHEAD parent advisor has followed many children who receive home-based services. The project has provided effective training for our staff relative to the provision of home-based services.

DDI plans to continue its involvement with Project AHEAD and submit data in the manner agreed upon. The materials that they provide will be an essential part of our staff orientation and training models, and we are confident that our services to families will continue to improve as a direct result of the collaboration.

Please feel free to call with any questions.

Sincerely,

J. Kevin Morris
Executive Director

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Utah State UNIVERSITY

COLLEGE OF EDUCATION
Center for Persons with Disabilities
A University Affiliated Program
Logan, Utah 84322-6800
Telephone: (801) 797-1981
FAX: (801) 797-3944

March 22, 1996

U.S. Office of Special Education Programs
Early Education Programs for Children With Disabilities
300 Maryland Avenue S.W.
Mary E. Sweitzer Building
Washington, C.D.C. 20202

To Whom It May Concern:

Beginning in January the Family Intervention Program (FIP) agreed to adopt the AHEAD processes and resources in providing services for families and their children.

A complete description of the continuum of services is provided to each family during the intake process. Families that select a weekly home visit plan will become involved in the AHEAD program. In addition to the weekly home visits the child will also receive any additional related services (i.e., physical therapy, occupational therapy, speech-language therapy, toddler-infant group) required. Service coordinators will also provide support and training to daycare/homecare providers involved with the child.

Weekly visits will continue for a period of four to six months, at which time the family will decide to continue or to decrease the level of home visit service.

The Family Intervention staff have been trained to utilize the AHEAD resource manual and menu. The menu will be provided to each family and daycare provider to identify and prioritize the topics they would like to receive.

FIP also plans to participate in the AHEAD evaluation plan during grant years 4 and 5 and will submit all needed data.

Project AHEAD staff have provided information, training and service coordination when ever requested. The project has been more than accommodating and have adapted the AHEAD format to meet the needs and philosophy of the Family Intervention Program. I have enjoyed the weekly interactions with Lori Rowan and have appreciated her flexible work style.

If may provide any additional information or support for the AHEAD project, please feel free to contact me.

Sincerely,

Karen Hansen
Program Coordinator,
Family Intervention Program

Appendix B

Family Focused Interview

THE FAMILY-FOCUSED INTERVIEW

Supplemental Workbook

Developed by
Dr. Pamela J. Winton
Frank Porter Graham Child Development Center

Supplemental Worksheets to Accompany
Family Focused Interview Videotape
Developed by Don Barringer, Ski*Hi Institute

Appendix C

AHEAD Menu of Information and Strategies for Families/ Child Care Providers of Children with Special Needs

A Menu of Information and Strategies for Families/
Child Care Providers of Children with Special Needs

Parents/Child Care Providers _____ Date _____

All individuals have their own strengths, skills and experiences, but a child with special needs often presents new concerns and a need for new skills and information. **Please use this form to tell us how we can be most helpful to you by circling the topics you would like.** We know that your needs and interests will change from time to time and that this will be just a beginning to help us plan together with you. The following AHEAD topics are available to help you help the child in your home/child care setting.

THE CHILD'S COMMUNICATION DEVELOPMENT

Topic 1: The Importance of Communication
How language develops from interactions between you and the child.

Topic 2: Identifying the Child's Communication
How to spot and understand the meaning of communication signals made by the child.

Topic 3: Responding to the Child's Communication
How to respond effectively to the child's communication signals to help the child develop communication.

Topic 4: Using Back-&-Forth Interactions (Turn Taking)
How to keep back and forth interactions going between you and the child to build a foundation for language.

Topic 5: Responding Appropriately to the Child's Cry
Why the child cries and what to do. (e.g. consoling techniques).

Topic 6: Encouraging Smiling and Laughing in Interactions
Ways to encourage the child to laugh and smile to make communication fun.

Topic 7: Establishing Eye Contact and Directing Conversation to the Child
Looking at the child and focusing your attention on him or her while communicating.

Topic 8: How to Incorporate Skills into Daily Routines
How you can take advantage of daily routines with the child to encourage communication, interaction, and various skills (e.g. motor).

Topic 9: Encouraging Vocalizing in Communicative Interactions
Ways to encourage the child to use his or her voice as you interact with him or her.

Topic 10: Giving the Child a Choice
Ways to help the child make choices to promote communication, decision-making skills, and independence.

Topic 11: Communicating Frequently with the Child each Day
Ways to communicate frequently with the child during daily activities.

Topic 12: Using "Motherese": A Special Way of Communicating with the Young Child
Motherese, a special way of communicating that gets and holds the young child's attention.

Topic 13: Using Touch and Gestures in Communicative Interactions
How the use of touch and gestures help the child to understand your message.

Topic 14: Using Facial Expressions and Intonation in Communicative Interactions
How facial expressions and intonation (melody pattern of the voice) add meaning to your communication and keep the child interested in communicating with you.

Topic 15: Interacting with the Child About Meaningful Here-And-Now Experiences; Making an "All About Me" Book
How to make experiences meaningful by recording them through pictures or real objects in a book for the child.

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THE CHILD'S LANGUAGE DEVELOPMENT

Topic 1: Conversation: The Language-Learning Environment
Receptive (what is understood) and expressive language (what is communicated), stages of language development and how everyday conversations help children communicate.

Topic 2: Conversation: Turn-Taking with Communication
How to build the child's language through natural, language-learning conversations.

Topic 3: Making Conversations Meaningful and Interesting
How to make your conversations interesting and meaningful so the child can build concepts about his or her world.

Topic 4: Providing Incentives for the Child To Use Language
How to provide strong incentives for the child to communicate including giving choices, creating interesting situations and creating a situation so the child asks for something.

Topic 5: Conversing at the Child's Language Level
How to talk at the child's language level so he or she understands.

Topic 6: Taking Advantage of Daily Interactions and Experiences to Encourage Language
How to take advantage of daily interactions and experiences to encourage the child's language.

Topic 7: Ways to Reinforce Language
Ways to respond to the child's language efforts in a positive and reinforcing way to increase his or her language attempts.

Topic 8: Modeling and Expanding Language
How to expand the child's language attempts, reinforce the child's language efforts, and model a more mature level of communication.

Topic 9: Helping Language Grow: Building Vocabulary
How to select, emphasize and build new vocabulary to meet the child's communication needs.

Topic 10: Helping Language Grow: Comments, Questions, and Directions
How to use comments, questions, and directions to encourage the child's language development.

Topic 11: Encouraging the Child to Learn Basic Language Concepts Through Play
How to build basic concepts through hands-on experiences.

Topic 12: Encouraging the Child's Speech (Articulation) Skills
Fun activities to encourage the child to make sounds and move the tongue and lips.

Topic 13: More Ideas to Encourage the Child's Speech(Articulation) Skills
More ideas to encourage the child to make sounds and move the tongue and lips.

THE CHILD'S PLAY AND SOCIAL INTERACTIONS

Topic 1: Bonding: The Child's Most Basic Need
Bonding and the importance of touch, cuddling, holding, rocking and massage.

Topic 2: Dealing with Each Child's Individuality: Identifying and Adapting Responses to the Child's Temperament
Identifying a child's temperament and ways to respond appropriately to that style.

Topic 3: How Children Develop Socially
Social-emotional development, expected behaviors, general problems, and suggestions to encourage the young child's social development.

Topic 4: Importance of Play: The Roles of Parents/Child Care Providers in Play
The importance of play and your roles in play (i.e. observers, facilitators, and participants).

Topic 5: Encouraging the Child to Participate in Different Types of Play Activities
Ways to encourage the child's play skills in initiating play actions, anticipating the activity, and participating in play.

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Topic 6: Making the Environment Safe and Stimulating for the Child To Explore and Play
How to provide a safe, stimulating environment for the child's interaction and learning.

Topic 7: Using Reinforcement and Turn-Taking to Encourage the Child to be more Responsive in Play
How to reinforce and use turn-taking in involving the child in play interactions.

Topic 8: Encouraging the Child to Play with Toys; Choosing Appropriate Toys
Ways to encourage the child to play with toys.

Topic 9: Encouraging the Child to Learn About the Properties of Toys and Objects
How to encourage the child to learn more about toys by using his or her senses.

Topic 10: Encouraging the Child to Use Actions and Behaviors to Cause Things to Happen
How to encourage the child to use actions to achieve goals and cause things to happen.

Topic 11: Promoting the Child's Independence and Self-Confidence
Ways to encourage the child's independence and self-confidence so he or she can successfully interact with others.

Topic 12: Encouraging the Child to Develop Imaginative Play
How to encourage the child to use his or her imagination and creativity in participating in pretend play.

Topic 13: Encouraging the Child to Play with Others
How to help the child successfully play and interact with other children.

Topic 14: Encouraging the Child to Use Manners and Follow Simple Rules
Ways to encourage the child to follow rules and use appropriate behaviors including greetings, courtesy terms, and turn-taking.

Topic 15: Understanding and Dealing with Challenging Behaviors
Common challenging behaviors and ways to deal with these.

SKILLS TO HELP THE CHILD HELP HIMSELF/HERSELF

Toilet Training

Topic 1: Toilet Training: Getting Ready
Basic ideas on toilet training, skills necessary for the child to have before toilet training, and preparation for a toileting program.

Topic 2: Toilet Training: Is the Child Ready
Signs to watch for in the child that indicate readiness for toileting.

Topic 3: Toilet Training: Getting Started
Choosing the best time to begin a toileting program and the most appropriate toileting routine, and reinforcers.

Topic 4: Toilet Training: How are Things Going
How to evaluate the child's toileting program and solve problems.

Feeding

Topic 1: Feeding: How Development Affects Feeding Skills
Normal development and problems that affect feeding.

Topic 2: Feeding: How Reflexes Affect Feeding Skills
Reflexes, how they affect feeding, and ways to make feeding easier.

Topic 3: Feeding: What Skill Comes Next And How These Vary
Suckling, sucking, chewing development, cup drinking, and spoon feeding development.

Topic 4: Feeding: What is Involved in the Development of Suckling, Sucking, Cup Drinking, Spoon Feeding, and Chewing
Skills involved in suckling, sucking, cup drinking, spoon feeding, and chewing.

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Topic 5: Feeding : How to Help the Child with Feeding Problems: Methods and Equipment
How feeding equipment, (ea. nipples, bottles, pacifiers, cups, and spoons) proper positioning, jaw, lip, and tongue control techniques can help feeding.

Topic 6: Feeding: How Much is Enough
Appropriate amounts of food for children birth to three years of age.

Topic 7: Feeding: Food Textures: When to Move from Liquids to Solids
Food textures and when to introduce different textures.

Topic 8: Feeding: Food Textures: How to Help the Child Accept New Foods
Ways to help the child accept new food textures.

Topic 9: Feeding: How to Make Feeding Easier for the Child with Cleft Lip and/or Palate
Information on cleft lip and/or palate, causes and ways to make feeding easier.

Topic 10: Feeding: How to Help the Child Gain Weight
How to supplement the child's diet by using high calorie foods.

Topic 11: Feeding: How to Help the Child Who is Overweight
How to help the child with a weight problem while providing adequate nutrition.

Topic 12: Feeding: How to Handle Mealtime Challenges: Making Mealtime More Enjoyable
How to have a relaxed attitude towards mealtime, meet nutritional needs and manage mealtime behavior challenges.

Topic 13: Feeding: Communicating During Mealtime
How to take advantage of mealtime to promote communication.

Dressing

Topic 1: Dressing Skills: How to Make the Process Easier
How to make dressing and undressing easier.

Topic 2: Dressing: What Comes Next
Developmental skills of dressing and ways to encourage dressing/undressing.

Topic 3: Dressing: Including Language During Dressing
How to use the daily routine of dressing to encourage language.

Grooming

Topic 1: Grooming: Development of Grooming and Encouraging Skills
How and when to help the child develop grooming skills.

Topic 2: Grooming: Including Language During Grooming
How to use the daily routine of grooming to encourage language.

TOPICS TO PROVIDE SUPPORT

Topic 1: Disability and Its Impact on the Family
Common experiences and feelings associated with having a child with disabilities.

Topic 2: The Grieving Process
Healthy feelings associated with the emotional response of having a child with a disability (denial, anxiety, fear, guilt, depression, anger, sorrow, adaptation).

Topic 3: The Sibling Experience
Thoughts, feelings, and experiences of siblings growing up with a brother or sister with disabilities.

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Appendix D

AHEAD Resource Manual
Table of Content

TABLE OF CONTENTS

PREFACE

INTRODUCTION TO THE AHEAD RESOURCE MANUAL
Overview of the AHEAD Resource Manual

Section I:	What is AHEAD
Section II:	Roles and Characteristics of Service Providers
Section III:	Gathering Information to Identify Family Concerns, Priorities, and Resources
Section IV:	Parent Readiness
Section V:	Components and Procedures of a Home Visit
Section VI:	Developing Partnerships
Section VII:	Understanding the Family
Section VIII:	Working with Families of Different Cultures
Section IX:	The Grieving Process and Providing Support
Section X:	Providing Services to Child Care Providers
Section XI:	Communication
Section XII:	Language
Section XIII:	Motor
Section XIV:	Play/Social
Section XV:	Feeding
Section XVI:	Toilet Training
Section XVII:	Dressing
Section XVIII:	Grooming

Appendix E

AHEAD Topic Format
Visual, Activity Sheet, Handout

TOPIC 11: COMMUNICATING FREQUENTLY WITH THE CHILD EACH DAY

Parent/Child Care Provider Goal

Parents/child care providers will place the child near them as they go about their daily activities and will communicate frequently with the child.

Suggested Materials

- Communication Topic 11 Visuals 1, 2
- Communication Topic 11 Activity Sheet 1
- Communication Topic 11 Handout 1

Sample Discussion

The child will develop communication as he or she interacts with you and others. This communication will be greatly enhanced if you communicate frequently with the child. However, as parents/child care providers you are busy people! There are meals to be prepared, rooms to be cleaned, and other children to be attended to. You simply don't have all day to stay near the child and communicate. This doesn't mean, however, that communicating has to come to a standstill. And it doesn't mean that communication has to wait until there is nothing else to do!

You can place the child near you as you go about your daily activities so you can communicate frequently with him or her. You can stop and explain or describe things to the child. Being close to the child will enable you to use a natural, conversational tone of voice and it will enable the child to feel secure and important in conversational interactions with you. You can be aware of the child moving from one item of interest to another and

comment on what he or she is doing. As you do this, keep in mind that communication should be spontaneous and appropriate to the situation. It is best to neither fuss over the child so much that the child's play is hindered nor intrude so much that you take over his or her learning and fun. You should help develop the child's learning of new skills and communicating in an atmosphere of warmth and sensitivity. Remember, if there are times you are too busy to respond to the child, that is okay; that's an important lesson for the child to learn too!

Sample Activities

1. Discuss Communication Topic 11 Visual 2 which shows examples of keeping the child close for frequent, effective communication. Discuss with the parents/child care providers how they can keep the child near them and communicate with the child as they go about their daily activities.

2. Discuss Communication Topic 11 Activity Sheet 1 which summarizes a Harvard University study about parents of communicatively, socially, and educationally successful children. In the study, it was determined that parents of successful children encouraged their children to explore the environment and they paused frequently in their work to communicate with their children. Discuss with the parents/child care providers ways they can implement these qualities. [Note: The parent advisor/early interventionist should be very familiar with this study so they can describe it clearly to the parents/child care providers.]

Sample Challenges

1. Select one or two daily chores or activities that you do regularly and figure out ways to keep the child near you and ways to communicate frequently to the child. Questions you may want to think about are: (a) Is the situation natural and comfortable for you? (b) Did it allow the child freedom to explore? (c) Did the child enjoy your interactions with him or her? (d) Did the situation increase opportunities for communication? Plan to share your experiences next time.

2. Take note of opportunities where you can be close to the child and communicate to him or her during these moments. The goal is to become aware of the many opportunities to be close to the child and interact with him or her. Use Communication Topic 11 Handout 1 to identify the opportunities that work best. After becoming aware of these opportunities, think of things you could do or say to

make them more meaningful and interesting. We'll discuss these activities at the next visit.

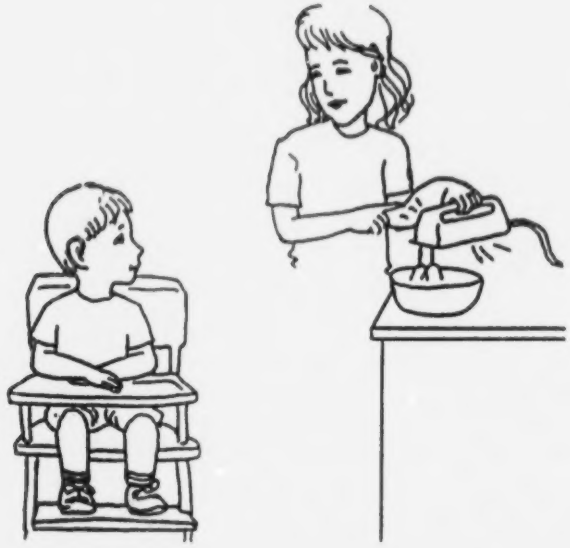
3. Put the child in a front or back pack as you go about your daily routines.

Reference and Reading List

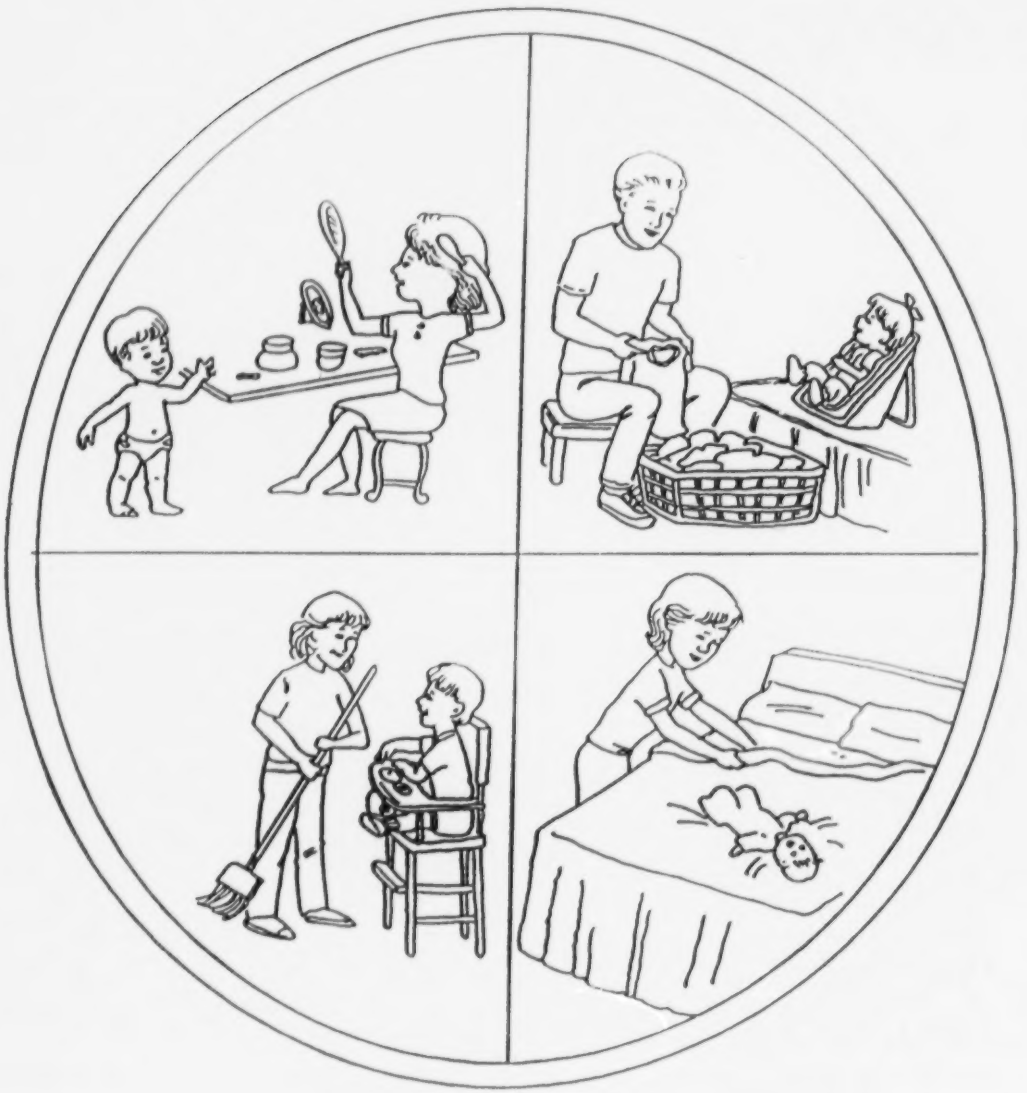
Clark T.C., & Watkins S. (1985). *The SKI*HI Model: Programming for hearing impaired infants through home intervention.* Logan, Utah: SKI-HI Institute (referred to on activity sheet).

HOW TO COMMUNICATE FREQUENTLY WITH THE CHILD

- place the child near you during daily activities
- stop and explain or describe things using a natural, conversational tone of voice
- keep your communication spontaneous and appropriate to the situation



KEEP THE CHILD CLOSE



STUDY OF PARENTS OF COMMUNICATIVELY, SOCIALLY, AND EDUCATIONALLY SUCCESSFUL CHILDREN

Several years ago, a study was conducted at Harvard University to determine **what makes parents of communicatively, socially, and educationally successful children different from parents of unsuccessful children**. Four hundred families were included in the study. Children were rated on communicative, social, and educational skills. On the basis of this, the children were categorized as A, B, or C. **A children were very competent. C children were those who scored lowest** on various educational and social parameters.

A team of researchers then went into the homes of the parents of the A and C children. The B parents were excluded so the contrast in the A and C parents would be more obvious. **The homes were visited one day a week for six months**. The researchers found that **marital status, income, education, or family size did not make the difference** between A and C Parents. However, the researchers did note some important differences in A and C parents (Clark & Watkins, 1985).

See if you can identify which four factors go with A parents and which four factors go with C parents.

		A Parents (parents of children who scored highest)	**C Parents** (parents of children who scored lowest)
		Put letter here:	Put letter here:
A.	Encouraged children to explore environment.	1. _____	1. _____
B.	Paused frequently in work and communicated with children.	2. _____	2. _____
C.	Worried about clutter in homes.	3. _____	3. _____
D.	Did not engage in spontaneous, on-going, 2-way communication. Rather, tended to spend few minutes each day "teaching" children.	4. _____	4. _____
E.	Enjoyed relating to children. Did not worry so much about a clutter-free, picture perfect home.		
F.	Kept children at distances (playpens, etc.) and exposed them to a lot of T.V.		
G.	Did not over-react to children's misbehaviors (would redirect behaviors).		
H.	Strongly disciplined children's misbehaviors.		

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Answers:

A Parents

1. A Encouraged children to explore environment.
2. B Paused frequently in work and conversed with children.
3. E Enjoyed relating to children. Did not worry so much about a clutter-free, picture-perfect home.
4. G Did not over-react to children's misbehaviors (would redirect behaviors).

C Parents

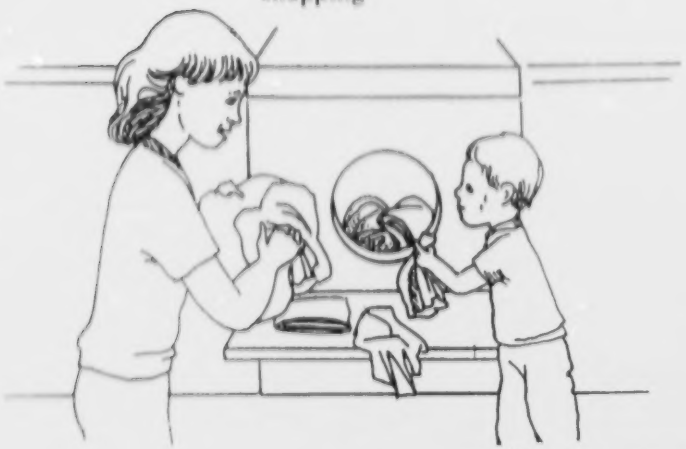
1. C Worried about clutter in homes.
2. D Did not engage in spontaneous, ongoing, 2-way conversations. Rather, tended to spend a few minutes each day "teaching" children.
3. F Kept children at distances (playpens, etc.) and exposed them to a lot of T.V.
4. H Strongly disciplined children's misbehaviors.

COMMUNICATING FREQUENTLY WITH THE CHILD EACH DAY

Which of these opportunities work best for you in **communicating frequently** with the child?

Home Setting

putting on make-up
making the bed
loading/unloading dishwasher
washing/drying dishes
riding in the car
folding laundry
ironing clothes
washing the car
working in the garden/yard
shopping



Child Care Setting

preparing food
feeding/eating
cleaning
storytelling
taking short walks
playing outside
art activities (e.g., painting)
diapering/toileting
playing with toys
arrival/departure time

What are some other opportunities?

Appendix F

AHEAD Data Sheet
and
Satisfaction Survey Sheets

AHEAD CHILD/FAMILY DATA

Demographic Data

1. Child's Initials: _____
2. Gender of Child: M F
3. Date of Birth: __ /__ /__
4. Ethnicity: Caucasian _____
   African American _____
   Asian American _____
   Hispanic _____
   Native American _____
   Other _____

5. Area(s) of delay as determined by the agency:
   Name and date of assessment.
   _____

	Functional description of child's disability as determined by the agency		
	Mild	Moderate	Severe
___ fine motor	____	____	____
___ gross motor	____	____	____
___ cognitive	____	____	____
___ adaptive/self help	____	____	____
___ communication	____	____	____
___ social emotional	____	____	____

6. Medical diagnosis: _____ Comments: _____

Service Data

1. Agency name: _____
2. Person submitting this information: _____
3. Date child entered program: _____
4. Date Home/Child Care Visits began: _____ _____
5. Number of visits by month:

	home		child care		
	Year	Home # Visits	Child Care # Visits	Year	Home # Visits	Child Care # Visits
Jan	_____	_____	_____	_____	_____	_____
Feb	_____	_____	_____	_____	_____	_____
Mar	_____	_____	_____	_____	_____	_____
Apr	_____	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____	_____
Jun	_____	_____	_____	_____	_____	_____
Jul	_____	_____	_____	_____	_____	_____
Aug	_____	_____	_____	_____	_____	_____
Sep	_____	_____	_____	_____	_____	_____
Oct	_____	_____	_____	_____	_____	_____
Nov	_____	_____	_____	_____	_____	_____
Dec	_____	_____	_____	_____	_____	_____

6. Other services

	Frequency
___ Speech/language therapy	_____
___ Physical therapy	_____
___ Occupational therapy	_____
___ Center based group	_____
___ Counseling to parents(s)	_____
___ Orthoclinic	_____
___ Genetics Clinic	_____
___ Neuroclinic	_____
___ Parent Support Group	_____
___ Health Assessment	_____
___ Other (specify below)	_____

_____

Check the AHEAD Topic Reference Guide after each time you complete a topic

7. Date of final Home/Child Care visit: _____ (home) _____ (child care)
8. Transition and date: _____
   ___ Child/Family transitioned to other services in agency
   ___ Child/Family transitioned to Special Education, Early Childhood Program
   ___ Child developed to age-appropriate level - no further special education services needed
   ___ Other (describe) _____

Child Developmental Data

1. a) Name of Developmental Instrument:
   ___ E - LAP (The Early Learning Accomplishment Profile for Young Children; Copyright 1988)
   ___ HELP (Hawaii Early Learning Profile; Copyright 1984, 1988)
   ___ HELP Strands - Developmental Assessment; Copyright 1992
   Other _____

   Date of first assessment _____

   b) Date of first assessment and number of skills at first assessment/approximate age level of first assessment. (Note: Assessment must be within 60 days of initiation of AHEAD Services).

COG	EL	RL	GM	FM	SE	SH	SO	Other ____
__/__	__/__	__/__	__/__	__/__	__/__	__/__	__/__	__/__

   c) Date of final assessment and number of skills at final assessment/approximate age level of final assessment. (Note: Assessment must be within 30 days of final AHEAD home visit).

   Date of final assessment _____

COG	EL	RL	GM	FM	SE	SH	SO	Other ____
__/__	__/__	__/__	__/__	__/__	__/__	__/__	__/__	__/__

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AHEAD Topic Reference Guide for the Parent Advisor/Early Interventionist

Instructions: Use this form as a convenient reference to record the topics selected on the "Menu of Information and Strategies for Families and Child Care Providers of Children with Special Needs" by the family/child care provider. Circle the topic requested by the family/child care provider, check who requested the topic, and check when the topic was completed.

	Family	Child Care Provider	Topic Completed
COMMUNICATION TOPICS			
Topic 1: The Importance of Communication			
Topic 2: Identifying the Child's Communication			
Topic 3: Responding to the Child's Communication			
Topic 4: Using Back-&-Forth Interactions (Turn-Taking)			
Topic 5: Responding Appropriately to the Child's Cry			
Topic 6: Encouraging Smiling and Laughing in Interactions			
Topic 7: Establishing Eye Contact and Directing Conversation to the Child			
Topic 8: How to Incorporate Skills into Daily Routines			
Topic 9: Encouraging Vocalizing in Communicative Interactions			
Topic 10: Giving the Child a Choice			
Topic 11: Communicating Frequently with the Child each Day			
Topic 12: Using "Motherese": A Special Way of Communicating with the Young Child			
Topic 13: Using Touch and Gestures in Communicative Interactions			
Topic 14: Using Facial Expressions and Intonation in Communicative Interactions			
Topic 15: Interacting with the Child About Meaningful Here-and-Now Experiences; Making an "All About Me" Book			
LANGUAGE TOPICS			
Topic 1: Conversation: The Language-Learning Environment			
Topic 2: Conversation: Turn-Taking with Communication			
Topic 3: Making Conversations Meaningful and Interesting			
Topic 4: Providing Incentives for the Child to Use Language			
Topic 5: Conversing at the Child's Language Level			
Topic 6: Taking Advantage of Daily Interactions and Experiences to Encourage Language			
Topic 7: Ways to Reinforce Language			
Topic 8: Modeling and Expanding Language			
Topic 9: Helping Language Grow: Building Vocabulary			
Topic 10: Helping Language Grow: Comments, Questions, and Directions			
Topic 11: Encouraging the Child to Learn Basic Language Concepts Through Play			
Topic 12: Encouraging the Child's Speech (Articulation) Skills			
Topic 13: More Ideas to Encourage the Child's Speech (Articulation) Skills			
FAMILY SUPPORT TOPICS			
Topic 1: Disability and its Impact on the Family			
Topic 2: The Grieving Process			
Topic 3: The Sibling Experience			

If topics not widely used please explain:

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	Family	Child Care Provider	Topic Completed
PLAY/SOCIAL TOPICS			
Topic 1: Bonding: The Child's Most Basic Need			
Topic 2: Dealing with Each Child's Individuality: Identifying and Adapting Responses to the Child's Temperament			
Topic 3: How Children Develop Socially			
Topic 4: Importance of Play: The Roles of Parents/Child Care Providers in Play			
Topic 5: Encouraging the Child to Participate in Different Types of Play Activities			
Topic 6: Making the Environment Safe and Stimulating for the Child to Explore and Play			
Topic 7: Using Reinforcement and Turn-taking to Encourage the Child to be more Responsive in Play			
Topic 8: Encouraging the Child to Play with Toys; Choosing Appropriate Toys			
Topic 9: Encouraging the Child to Learn About the Properties of Toys and Objects			
Topic 10: Encouraging the Child to Use Actions and Behaviors to Cause Things to Happen			
Topic 11: Promoting the Child's Independence and Self-Confidence			
Topic 12: Encouraging the Child to Develop Imaginative Play			
Topic 13: Encouraging the Child to Play with Others			
Topic 14: Encouraging the Child to Use Manners and Follow Simple Rules			
Topic 15: Understanding and Dealing with Challenging Behaviors			
SELF-HELP TOPICS			
Toilet Training			
Topic 1: Toilet Training: Getting Ready			
Topic 2: Toilet Training: Is the Child Ready			
Topic 3: Toilet Training: Getting Started			
Topic 4: Toilet Training: How are Things Going			
Feeding			
Topic 1: Feeding: How Development Affects Feeding Skills			
Topic 2: Feeding: How Reflexes Affect Feeding Skills			
Topic 3: Feeding: What Skill Comes Next And How These Vary			
Topic 4: Feeding: What is Involved in the Development of Suckling, Sucking, Cup Drinking, Spoon Feeding, and Chewing			
Topic 5: Feeding: How to Help the Child with Feeding Problems: Methods and Equipment			
Topic 6: Feeding: Food Quantity: How Much is Enough			
Topic 7: Feeding: Food Textures: When to Move from Liquids to Solids			
Topic 8: Feeding: Food Textures: How to Help the Child Accept New Foods			
Topic 9: Feeding: How to Make Feeding Easier for the Child with Cleft Lip and/or Palate			
Topic 10: Feeding: How to Help the Child Gain Weight			
Topic 11: Feeding: How to Help the Child Who is Overweight			
Topic 12: Feeding: How to Handle Mealtime Challenges: Making Mealtime Enjoyable			
Topic 13: Feeding: Communicating During Mealtime			
Dressing			
Topic 1: Dressing: How to Make the Process Easier			
Topic 2: Dressing: What Comes Next			
Topic 3: Dressing: Including Language During Dressing			
Grooming			
Topic 1: Grooming: Development of Grooming and Encouraging Skills			
Topic 2: Grooming: Including Language During Grooming			

Data Collection Instructions
Project AHEAD
&
Utah Part H - Early Intervention Programs
AHEAD Child/Family Demographic Data

Demographic Data

1. Child's initials: Print child's initials.
2. Gender of Child: Circle M or F
3. Date of Birth: Indicate Month, Day, Year. (i.e. 11/9/93)
4. Ethnicity: Check the appropriate line or if not included, enter under other.
5. Area(s) of Delay: Check the area(s) of delay indicated on the standardized assessment done by the agency or by clinical opinion: If assessment instrument is used, state name and date administered. If an instrument was not used write NA. Check appropriate line which best describes the child's of overall functioning in each area of delay. Add comment to clarify, if needed.
6. Medical Diagnosis. The medical diagnosis must be taken from the medical record exactly as stated. If no specific medical diagnosis is stated, write NA.

Service Data

1. Full name of Agency.
2. Your own name.
3. Enter date child first entered your agency. (This is the date that the agency considers that the child is in program (e.g. first intake meeting).
4. Enter date you began home and/or child care visits using AHEAD materials/training.
5. Number of visits: Complete this item by writing the total number of home and/or child care visits made in the month.
6. Indicate other services the child/family receives by checking (✓) the appropriate services. Indicate frequency. Indicate the times per month by 1xM, 2xM, 3xM, as appropriate. If Quarterly = Q - If Occasionally = Occ.
7. Enter the date you last served the child in the home or child care facility using AHEAD materials or training.
8. Check (✓) the transition process that describes where the child/family transitioned. If the transition does not fit any of the listed transitions, describe the child/family transitions.

Child Developmental Data

1. Developmental assessment:
   a) Check the developmental instrument used or write name of instrument used.
   b) Write the date of the completion of the first assessment. Count the number of skills from the first skill on the scale to the present level. Enter that number of skills under each domain. Write the approximate month level of achievement of each domain at the first assessment. (Domains: COG - cognitive, EL - expressive language, RL - receptive language, GM - gross motor, FM - fine motor, SE - social emotional, SH - self help, SO - sensory organization).
   c) Write the date of the completion of the final assessment. This should be within 30 days of the final home visit as recorded in #7. Enter the number of skills acquired since the first assessment and the approximate month level of achievement in each domain at the final assessment.

Service Satisfaction Survey

(For Child Care Providers in the AHEAD program)

Child Care Provider's Name _____

Child's name _____

1. What is your relationship to the child?

_____ relative

_____ nanny

_____ family day care provider

_____ day care provider

_____ other

2. How many visits did the Parent Advisor typically make in a month? _____

3. How long was a typical visit by the Parent Advisor?

_____
minutes

4. How many months have you had a Parent Advisor in the child care setting? _____

PARENT ADVISOR SKILLS

1. When the Parent Advisor shared information with me, she made the information clear so that I was able to understand her.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

2. When the Parent Advisor taught me a new skill, such as turn-taking, she showed me how to use that skill with the child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

3. When the Parent Advisor taught me a new skill, she explained why that skill was important for me and the child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

4. The communication between the Parent Advisor and me was good.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

5. The Parent Advisor followed through on my requests (i.e. locating resources).

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

6. I felt the Parent Advisor respected me and was supportive of my decisions, and worked with me in a partnership.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

7. The Parent Advisor was dependable.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

8. The Parent Advisor was on time for our visits.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

10. I was pleased with the services I received from the Parent Advisor.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

11. What did you like best about the Parent Advisor?

_____

_____

_____

_____

12. Overall, how would you rate the quality of service you received from the Parent Advisor? (1 = no help, 5 = most help)

1 2 3 4 5

13. What suggestions do you have for improving the Parent Advisor's services?

_____

_____

_____

_____

Program Satisfaction

14. I felt the frequency of visits I received was appropriate.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

15. I felt I was involved in the program for the right length of time.

yes ____ too long ____ too short ____

16. I felt my first meeting with the AHEAD Project staff (orientation) was informative and the services available were clearly stated.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

17. The topics presented to me were helpful.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

18. The skills I learned through the AHEAD Project were of benefit to me and the child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

19. I know more about the child's problems and needs.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

20. I know more about the child's abilities.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

21. I am better able to take advantage of situations to promote communication and language.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

22. I am better able to create play activities that meet the child's needs.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

23. I am better able to manage the child's inappropriate behaviors.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

24. I am more appreciative of the child's strengths and more understanding of his/her weaknesses.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

25. What suggestions do you have for ways you (or any other child care provider) could better help the AHEAD Project meet your needs and the child's needs?

_____

_____

_____

26. Would you please make a general statement of your satisfaction with Project AHEAD services and your Parent Advisor.

_____

_____

_____

Service Satisfaction Survey

(For Parents in the AHEAD Program)

Child's Name _____ Parent's Name _____

What is your relationship to the child? _____ mother
_____ father
_____ other _____
(specify)

How many home visits did the Parent Advisor typically make in a month? __

How long was a typical visit by the Parent Advisor? _____
minutes

How many months have you had a Parent Advisor in your home? _____

Who met with the Parent Advisor during the home visit?
_____ child's mother
_____ child's father
_____ other _____
(specify)

Does the child's father work outside the home? _____ yes _____ no

Does the child's mother work outside the home? _____ yes _____no

If both of you work (or if you are a single working parent) how did you schedule your Parent Advisor around your work?

_____

_____

_____

PARENT ADVISOR SKILLS

1. When my Parent Advisor shared information with me, she made the information clear so that I was able to understand her.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

2. When my Parent Advisor taught me a new skill, such as turn-taking, she showed me how to use that skill with my child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

3. When my Parent Advisor taught me a new skill, she explained why that skill was important for me and my child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

4. The communication between the Parent Advisor and me was effective.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

5. My Parent Advisor followed through on my requests (i.e. locating resources).

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

6. I felt my Parent Advisor respected me, was supportive of my decisions, and worked with me in a partnership.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

7. My Parent Advisor was dependable.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

8. My Parent Advisor was on time for our visits.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

9. The weekly challenges were practical and easy to use in our daily activities.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

10. I was pleased with the services I received from my Parent Advisor.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

11. What did you like best about your Parent Advisor?

_____

_____

_____

_____

12. Overall, how would you rate the quality of service you received from your Parent Advisor? (1 = no help, 5 = most help)

1 2 3 4 5

13. What suggestions do you have for improving the Parent Advisor's services?

_____

_____

_____

_____

Program Satisfaction

14. I felt the frequency of home visits I received was what my family needed.

yes ____ too frequent ____ too seldom ____

15. I felt I was involved in the program for the right length of time.

yes ____ too long ____ too short ____

16. I felt my first meeting with the AHEAD Project staff (orientation) was informative and the services available were clearly stated.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

17. The topics presented to me were helpful.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

18. The skills I learned through the AHEAD Project were of benefit to me and my child.

1	2	3	4	5	NA
never	seldom	sometimes	almost always	always	does not apply

Parent Skills

19. I know more about my child's problems and needs.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

20. I know more about my child's abilities.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

21. I am better able to take advantage of situations to promote communication and language.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

22. I am better able to create play activities that meet my child's needs.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

23. I am better able to manage my child's inappropriate behaviors.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

24. I am more appreciative of my child's strengths and more understanding of his/her weaknesses.

1	2	3	4	5	NA
not at all	somewhat	considerably well	very well	extremely well	does not apply

Note other skills that you have gained through the AHEAD project: _____

_____

_____

25. What suggestions do you have for ways you (or any other parent) could better help the AHEAD Project to meet your needs and your child's needs?

_____

_____

_____

26. Would you please make a general statement of your satisfaction with Project AHEAD Services and your Parent Advisor.

_____

_____

_____

Appendix G

AHEAD Data Results

AHEAD Data Results

The data collected and analyzed is summarized below. The findings were significant and provided evidence supporting the basic elements of AHEAD as described earlier.

Demographic Data

- Sixty-one (61) children from two early intervention agencies in Utah were served
- 72% were male. The most common delays were gross motor delay, communication and/or social emotional.
- The average intake age was 16.9 months and the average family received **10.5 months** of treatment

Service Data

- The average total number of home visits a family received was **20.6**. The average length was one hour. The average number of child care visits was **10.1**.
- In addition to home visits and/or child care center visits, **92% of the children** received additional services with an average of 2.8 services. The most common services provided were physical and/or occupational therapy and speech and language therapy.

Child Progress Data: Hawaii Early Learning Profile (HELP)

- **All** children **demonstrated steady increase** in skills in **all developmental** areas. Children gained an average of **29.0 skills** in cognitive development, **18.3 skills** in expressive language, **24.7 skills** in gross motor, **17.9 skills** in fine motor, **17.7 skills** in social emotional and **18.6 skills** in self help.
- Children's developmental age when they entered the program (Pretest) and their developmental age when the left the program (Posttest) showed a **significant gain** in all developmental areas over what would have been expected had they had no treatment.
- Another way to look at child development is to use a Proportional Change Index (PCI). The PCI compares the developmental achievements of a child before services to the achievement at the end of services. A score of 1.0 indicates the rate of gain during intervention was the same as prior to intervention. Greater than 1.0 indicates an increase in the rate of growth while a score of less than 1.0 indicates a decrease in the rate of growth. Children receiving AHEAD services had **1.7** cognitive, **2.0** expressive language, **1.6** fine motor, **1.6** gross motor, **1.4** social emotional and **1.7** self help.
- **Twenty-five percent (25%)** of the children who received Project AHEAD services developed appropriate age level functioning. No further special education services are needed for these children at this time and hopefully will not be needed in the future.

Family and Child Care Satisfaction Results

- Families who received AHEAD services rated the AHEAD early interventionist who visited their home. On a 5 point scale (5 being highest rating) **96%** of the responses were #4 and #5.

- When families were asked to rate their satisfaction of services, **97%** of the responses were #4 and #5 on a 5 point scale.

- All parents (**100%**) perceived that their early interventionist respected them, was supportive and worked in a partnership with them.

- **96%** of the parents rated the frequency of one visit per week as just right.

- **All** parents reported they felt they had gained skills that would benefit them and their child.

Child Care Provider Survey Results

- Child care providers receiving AHEAD services rated the early interventionist who visited their child care center on a 5 point scale (5 highest). **100%** of the responses were #4 (25%) and #5 (25%) on the 5 point scale.

- When child care providers were asked to rate their satisfaction of services, **100%** of the responses were #4 (50%) and #5 (50%) on the 5 point scale.

- All child care providers (**100%**) perceived that their early interventionist respected them, was supportive, and worked in a partnership with them.

- **All** child care providers reported they felt they had gained skills that would benefit them and the child.

Appendix H

AHEAD Trainers' Training Agenda

AHEAD Trainers' Training Agenda

- Background and History of Project AHEAD
- Organization of the AHEAD Trainer's Manual
- Planning AHEAD Training
- Purpose of Icebreaker, Welcome, and Agenda
- Adult Learning Principles
- Introduction to AHEAD Training, Introduction to Volume I
- Introduction to Training Tips
- Understanding Families
- Roles and Characteristics of Service Providers
- Developing a Partnership
- Culturally Diverse Families
- Gathering Information to Identify Needs
- The First Home Visits: Parent Readiness
- The Grieving Process and Providing Support
- Components and Procedures of a Home Visit
- Providing Services to Child Care Providers
- Introduction to AHEAD Topics
- Communication Topics
- Language Topics
- Play/Social Topics
- Feeding Topics
- Dressing Topics
- Grooming Topics
- Toilet Training Topics
- Family Support Topics
- Training Tips
- Evaluation of Training, Follow-Up Questionnaire, Training Report, Materials
- AHEAD Data
- Mini Presentations by Participants
- Credit Registration
- Closure of Training
- Evaluation

Appendix I

AHEAD Validation Data

Evaluation Findings

Demographic Data

68.8% of the children were boys and 31.3% were girls.

Areas of Delay (It must be noted that a child can have one or more areas of delay).

fine motor	49%
gross motor	58%
cognitive	45%
self help	48%
communication	67%
social emotional	48%

Medical Diagnosis

premature	11%
syndrome	23%
present at birth	49%
developmental delay	11%

Service Information

- The average total number of home visits received by children exiting the program was 16.4
- The average number of months of home visits was 10.1
- The range of home visits received was a low of 7 with a high of 46
- Children leaving the program received 14.4 months of service with a range from 4.3 to 26.5 months
- The average age when home visits began was 18.2 months.
- Children receiving home-based services using the AHEAD model also received other services. The major areas of other service were: speech and language, physical therapy, health assessment, occupational therapy and center-based group services

Child Development Data

Developmental skills of children who received an initial and a final assessment are shown in the following table.

Table A
Mean number of new skills

test	n	cog	el	rl	gm	fm	se	sh	so
ELAP	15	12.3	11.9	-	9.4	8.1	3.9	6.3	-
HELP	9	23.8	21.1	6.3	25.9	21.0	34.1	19.4	6.7

The average child who was tested using the ELAP gained 52 skills during the average 10 months between the pre and post tests. The average child who was tested using the HELP gained 158 skills during the average 10 months between the pre and post tests.

The developmental age of the children who received an initial and final assessment are shown in the table below.

Table B
Pretest and post-test developmental age, months increase

	cog	el	rl	gm	fm	se	sh	so
pre months								
ELAP	17.7	14.1	-	22.4	18.5	21.6	19.3	0
HELP	9.9	9.4	8.6	9.6	9.3	10.2	10.9	11.8
all	12.4	10.8	9.5	13.5	12.2	13.6	13.5	10.8
post months								
ELAP	23.5	22.8	-	26.0	24.3	26.3	26.3	0
HELP	15.1	14.1	15.1	14.6	15.4	16.0	15.5	18.7
all	20.0	19.3	16.3	21.1	20.5	22.0	21.9	18.7
month increase								
ELAP	5.9	8.7	-	3.6	5.8	4.6	7.0	0
HELP	5.2	4.7	6.5	5.0	6.1	5.8	4.6	6.9
all	7.6	8.5	6.8	7.6	8.3	8.4	8.4	7.9

During the 10 months between the pre and post test the children averaged 7.9 months of developmental gains across all domains.

Appendix J

AHEAD Trainer's Manual
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AHEAD TRAINER'S MANUAL

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II. Qualifications of AHEAD Trainers
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IX. Developing a Parent-Professional Partnership
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XII. The Grieving Process and Providing Support
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XV. Components and Procedures of a Home Visit
XVI. Providing Services to Child Care Providers
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Appendix K

AHEAD Newsletter

"Dusty"

Looking at AHEAD

Vol. 2 No. 2 Project AHEAD: SKI-HI Institute - Utah State University - 809 N. 800 E. Logan, UT 84322-1900 Spring 1996

We have enjoyed meeting and training with many of you this past year as we have traveled through our beautiful state. We've seen firsthand the great work that your agencies are achieving as you serve families. Our AHEAD staff have enjoyed sharing our materials with your agencies. We also appreciate all of the data that you have been collecting. Thank you for your hard work.

AHEAD Resources have been used in many different ways in the early intervention agencies that have received AHEAD training. Some agencies use the visuals, handouts and activity sheets to discuss skills and topics during parents groups.

Other agencies have used AHEAD resources as inservice training for child care providers and their staff. Sometimes, they are used during toddler groups as handouts for parents to take home to reinforce skills that were discussed during group.

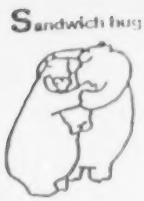
Most of the time though, AHEAD resources are used serving individual families or child care providers. The visuals, handouts and activity sheets are copied and given to families and child care providers to be used as reminders of the visit.

One participant in AHEAD training stated, "AHEAD was very helpful in putting things in order as far as home visits go. The materials will be invaluable." Another said she would "be able to give parents concrete printed information" and that "she now had more of a plan for home visits." Most participants in their evaluation of AHEAD training stated that they received lots of good information and excellent resources. We hope that you are enjoying the AHEAD resources as you work with families.

JUST A REMINDER: **Lets prepare for AHEAD Trainer's training July 16-18. Please send in your application for someone at your agency to attend AHEAD trainer's training so they can become a trainer for the new staff hired at your agency.**

Prompt Love

One afternoon my 2-year-old son came bursting into the kitchen telling me he had a hug and a kiss for me. As I knelt down, he threw his arms around me and said, "I love you , Mama." I tried to hold him and savor the moment, but he dashed out again. Tears of joy welled from my eyes as I thought of the wonderful rewards of parenting. Then I heard him call, "I did it, Daddy!"



FEATURE ARTICLE

Nurturing/Bonding from Marcia Higgins, Davis County Early Intervention

The dictionary defines nurture:
1) To supply with nourishment or further the development of; 2) the sum of the influences modifying the expression of the genetic potentiality of an organism; **nurturance** - affectionate care and attention.

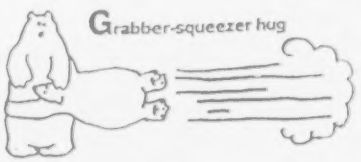
There are many ways, opportunities and...persons, places and things to nurture. We, as part of the human race, have the best resources for nurturing, no matter what form it takes. Nurturing young children, in my opinion, is one of the most rewarding and important of all the nurturing we can do.

How can we make sure that we have good nurturing skills to use in our own lives, and to enhance the nurturing skills of those families with whom we work as early childhood specialists?

1) Show affection.
2) Show a positive, accepting manner.
3) Show understanding and concern.
4) Help alleviate frustrations.
5) Earn basic trust.
6) Ensure a sense of security and confidence that one's needs will be met.
7) Reinforce parenting abilities.
8) Recognize when someone needs a professional with specific training and be available to give support in accessing services.

The stresses on parents, especially those with children with disabilities, might hinder the nurturing environment that children need. Physical fatigue, money problems, physical ill health, emotional conflicts, problems with aloneness or social isolation, feelings of uncertainty in responding to children's needs can effect parents' abilities to nurture. One of our goals as early childhood specialists should be to help families maintain positive nurturing attitudes in the face of complex environmental problems.

Submitted by:
Marica Higgins
Program Coordinator
Davis School District
Early Intervention



HUGS

It's wonderful what a hug can do.
A hug can cheer you when you're blue.
A hug can say, "I love you so!"
Or, "Gee, I hate to see you go!"

A hug is, "Welcome back again!"
and, "Great to see you!" or
"Where have you been?"
A hug can soothe a small child's pain
And bring a rainbow after rain.

The hug! There's just no doubt about it,
We scarcely could survive without it
A hug delights and warms and charms.
It must be why God gave us arms.

Hugs are great for fathers and mothers,
Sweet for sisters, swell for brothers,
And chances are some favorite aunts
Love them more than potted plants.

Kittens crave them, puppies love them.
Heads of state are not above them.
A hug can break the language barrier
And make your travels so much merrier.

No need to fret about your store of 'em,
The more you give
The more there's more of 'em
So stretch those arms without delay
And give someone a hug today!

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"Top Tips"

"Early intervention ideas to use with families and/or child care providers"

One mother mentioned that the first thing her service coordinator Jan did when she initially came to their home was to get down on the floor and play with their daughter. It made her feel good. She mentioned that most of their friends, though very supportive of their daughter, treated her somewhat gingerly when it came to physical contact since she still had a feeding tube inserted in her stomach.

Jan explains that getting on the floor and playing with a child the first time she sees the child was a calculated move and something she tries to do each time she begins working with a new family. It tell them she likes their child, it puts her physically at a lower level than the parents, and it demonstrates that she's an informal, non-authoritarian person. It's a very effective tip.

(From: Acceptance Is Only The First Battle: How Some Parents of Young Handicapped Children Have Coped with Common Problems, Montana University Affiliated Program Satellite, University of Montana, Missoula, MT 59812)

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Agency Spotlight

Southeastern Utah District Health Dept. Early Intervention Program

SEUDHD-EIP is located in Price, Utah and serves Carbon, Emery and Grand Counties. This agency was started about 6 years ago and is now serving [illegible] disabilities.

Kathi Kearney Reaves is the agency coordinator and has a staff of 7 which include four early intervention specialists and three registered nurses. An Occupational Therapist, and Speech and Language Pathologist come from the Salt Lake area once a month to provide therapy. SEUDHD-EIP is once again recruiting for a Physical Therapist. Until then Physical Therapist is provided through the State Health Department CSHCN 1x/month.

SUDHD-EIP serves a rural population and the service coordinators spend a lot of time driving to their home visits. They serve families in Castle Dale, Price, Green River and Moab and other out lying areas. It is not unusual for service coordinators in the Moab area to drive 60 miles (one way) for a home visit.

Families choose how many visits they want to receive each month, and most choose to have one home visit per week. A nurse visits each family every six weeks and therapist serve families on an as-needed basis. There are two 2-year-old play groups offered once a week for children living within traveling distance to Price or Castle Dale.

ReNee Brown, an Early Intervention Specialist at SUDHDH says:

"No matter how difficult, bogged under or frustrated this job is, I love it and would never give it up. The most rewarding part of my life is seeing a delayed child meet a goal that has been difficult for him to reach. It brings joy to me and makes it [illegible]

There are 68 different topics in AHEAD Volume II. Here is a review of one of the Communication topics.

Title: Communication Topic 2, "Identifying The Child's Communication" AHEAD Volume II, Page 15

Parent/Child Care Provider Goal: Parents/Child care providers will increase their ability to identify the communication signals the child uses and the messages the signals represent.

This topic covers the communication clues that children constantly give as they interact with others. It discusses the different kinds of signals the child may give even though they may not use words. All these signals have meaning to the child but they may be either obvious or subtle to the adult. Some of these signals may be:

- crying
- grasping
- reaching
- pointing and other gesturing
- babbling
- facial expressions
- reaching
- pointing
- eye gaze
- trying to talk
- vocalizing

Some positive signals a child may send are:

- head turning
- eye widening
- brightening of facial expressions
- fleeting smiles
- coos and gurgle

Negative signals a child may send are:

- rapid eye blinking
- restless squirming
- whining
- averting head

One sample activity from this topic is to make a list of all the communication signals used by the child during a 10-minute period and put them under the category of obvious communication signals or subtle communication signals. Discuss the meanings the child is trying to convey with these signals.

A "10" TION

Ten Tips for Nurturing a Child

(Compiled from AHEAD Volume II, Play/Social Topic 1, Visual 3, Page 295)

1. frequent touching
2. softly talking
3. kissing softly
4. putting child's hands together
5. stroking him or her soothingly
6. hugging
7. gently squeezing
8. rhythmically moving child's arms or legs
9. rocking child in a child or on your lap
10. massaging

RESOURCES FOR BONDING

Pediatric Massage for the Child with Special Needs (1991)
by Kathy Drehobl and Mary Fuhr
Communication Skill Builders
3830 E. Bellevue
P.O. Box 42050
Tucson, AZ 85733
(602) 323-7500

This text is a guideline publication which outlines massage strokes for children. It is easily adapted for children with special needs and can be used in conjunction with therapeutic positioning and handling. It can be used as a supplement to the attainment of therapeutic and educational goals and enhances parent-child interaction.

Nurturing Touch-Instruction in the Art of Infant and Child Massage (videotape and handbook)
Family Development Resources, Inc. 1993
3160 Pinebrook Road
Park City, UT 84060
1-800-688-5822

This text and video have instruction in the art of infant massage. It helps parents learn strokes to massage their child's face, hands, legs, chest, abdomen and back. It can be used to teach children to use gently touch with their siblings and it discusses the benefits of systematically massaging infants and children. This is an excellent video and an easy to follow instruction booklet with wonderful pictures of how to massage a child.

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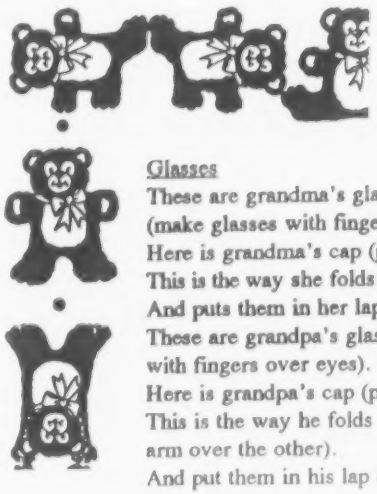
Toddler Tidbits

Finger Plays

The basic needs of a child are food, warmth and companionship. Emotional bonding occurs when a child is cuddled, rocked and talked to. Early nurturing develops independent, confident, secure, and happy children. Finger plays are a great way to encourage interaction and bonding with children. Children enjoy imitating, singing and doing the actions of the fingerplays. Use a lot of body movement, gestures, facial expression and intonation to make it more interesting. Help the child participate by gently guiding the child's hands as you say or sing the words of the fingerplay.

(AHEAD Volume II Play/Social Topic 5, APPENDIX B p. 355)

Rabbit
Here is a bunny with ears so funny.
(Make fist with right hand)
Here is his hole in the ground.
(Put left hand on waist)
When a noise he hears, he pricks up his ear
(Two fingers on right hand go up)
And jumps in his hole in the ground.
(Right hand dives through home
made by left hand)



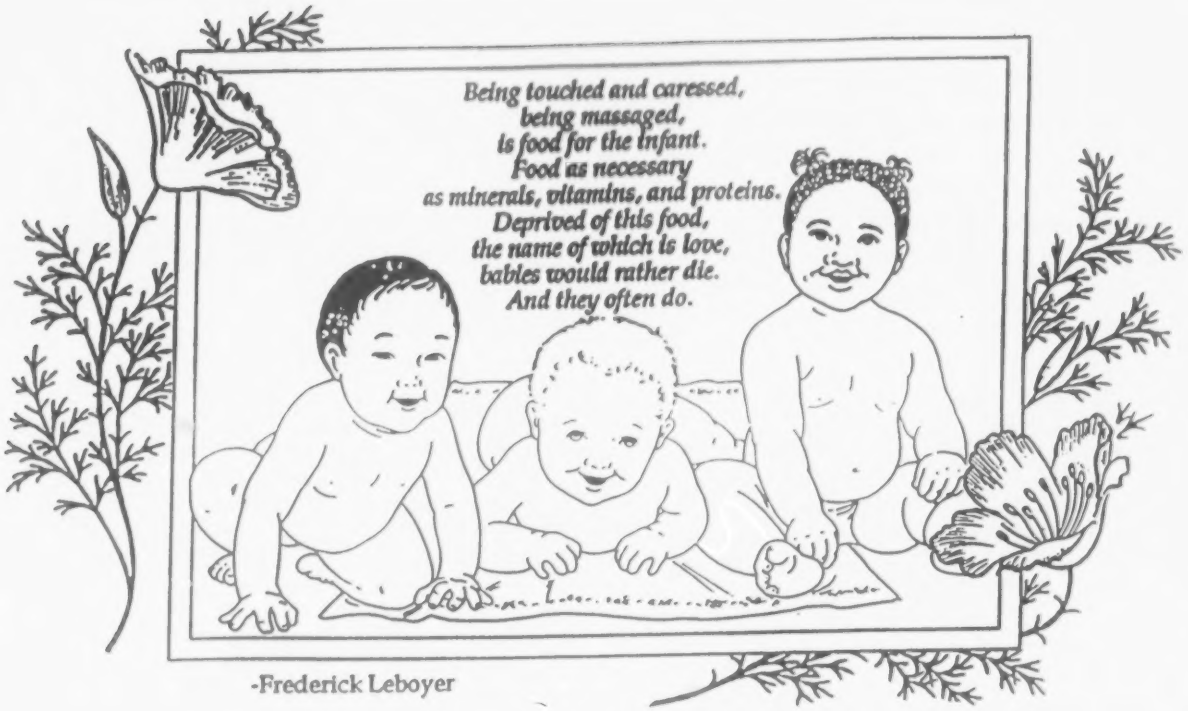
Glasses
These are grandma's glasses
(make glasses with fingers over eyes).
Here is grandma's cap (put hand on head).
This is the way she folds her hands (fold hands).
And puts them in her lap (put hands in lap).
These are grandpa's glasses (make glasses
with fingers over eyes).
Here is grandpa's cap (put hand on head)
This is the way he folds his arms (fold one
arm over the other).
And put them in his lap (rest arms on chest).

Baby Bits

(AHEAD Volume II, Communication Topic 5, APPENDIX A p. 58)

There are many benefits of infant massage. Some of them include:

1. Infant massage stimulates respiration, circulation, digestion, elimination.
2. Infant massage provides relaxation.
3. Infant massage relieves gas and colic.
4. Infant massage eases congestion and pain.
5. The infant learns about different types of touch (loving touch).
6. Infant massage helps the infant to be in touch with his or her own body. (e.g., awareness of body parts)
7. Infant massage promotes bonding between the caretaker and the child.
8. Infant massage provides nurturing contact and communication between the caretaker and the child.
9. Infant massage provides the opportunity for the caretaker to learn about the child's body language and the unique personality features of the child.
10. Infant massage enhances the opportunity for eye to eye contact.



-Frederick Leboyer

Used with permission from *Nurturing Touch: Instruction in the Art of Infant Massage*,
Family Development Resources, Inc.
3160 Pinebrook Road
Park City, UT 84060

AHEAD
SKI-HI Institute
Department of Communicative Disorders
Utah State University
Logan, UT 84322-1900

Appendix L

Overview of AHEAD Training Topics

Overview of AHEAD Training

___ **Roles and Characteristics of Service Providers**

- The various roles that service providers play
- The qualities/characteristics that make an effective service provider
- Self knowledge and awareness

___ **Developing a Parent-Professional Partnership**

- Elements and characteristics of a partnership
- Communicating effectively in a partnership
- Guidelines to enhance partnership

___ **Understanding the Family**

- Characteristics of a family
- Family structures
- Improving communication with families
- Father's experiences and perspectives working with and involving fathers
- Siblings' experiences and perspectives working with and involving siblings
- Grandparent perspectives; involving grandparents

___ **Culturally Diverse Families**

- Enhancing cultural sensitivity
- Ways to work more effectively with families of different cultures
- Assessing children of different cultures

___ **The Grieving Process and Providing Support**

- Parents' perspectives, experiences, and feelings
- "Breaking the news" to parents
- Ways to provide support

___ **Gathering Information to Identify Needs and Concerns**

- Family focused interviewing
- Tools to use to identify child and family needs

___ **The First Home Visits: Parent Readiness**

- Family's basic needs, emotional and nurturing needs and how to address these needs.

___ **Components and Procedures of a Home Visit**

- Components to include in a home visit
- Tips for effective home visits

___ **Providing Services to Child Care Providers**

- The service proivder's responsibility in child care settings
- Concerns of child care providers accepting children with disabilities
- Beginning services - The first visits to the child care setting
- Determining needs of the child care provider
- Coordinating services to home and child care settings
- Management of visits to the child care setting
- Tips for the service provider in working with child care providers

___ **AHEAD Resource Manual Topics**

- Adult learning principles
- The components of a topic
- **Communication Topics**
- **Language Topics**
- **Motor Topics**
- **Play/Social Topics**
- **Self Help Topics**
- **Family Support Topics**

Appendix M

List of Utah Agencies Receiving AHEAD Training

Agency	Geographic Location	Numbers Children	Number of Personnel Trained	Brief Description
Early Intervention Program San Juan School District 200 North Main Blanding, UT 84511 (801) 678-1223	San Juan County	110	14	Home-based and center-based
Kids Who Count P.O. Box 820 Salem, UT 84653 (801) 423-1112	Nebo School District	100	2	Home-based and center-based
Weber Preschool 110 Orchard Ave. Ogden, UT 84404 (801) 626-2552	Weber and Morgan Counties	170	21	Home-based and center-based
Developmental Disabilities, Inc. 535 E. 4500 S. Professional Plaza Suite D 240 Salt Lake City, UT	Salt Lake and Tooele Counties	400	17	Home-based and center-based
Family Intervention Program Utah State University Logan, UT 84322-6810	Cache, Rich and Box Elder Counties	120	11	Home-based and center-based
Kids on the Move 475 W. 80 N. Orem, UT 84057 (801) 221-9930	Alpine School District	135	17	Home visits, center class home or center therapy, discussion group for parents
South Eastern Utah School District 28 South 1st East P.O. Box 800 Price, UT 84501 (801) 381-2252	Carbon, Emery and Grand Counties	30-35	7	Home-based model, providing consultation and direct services
Uintah Co. Preschool Services 671 W. 100 N. Vernal, UT 84078 (801) 789-5409	Uintah and Dagget Counties	55-60	12	Home-based or center-based services or combination of both
Child Development Center Jordan District 7501 S. 1000 E. Midvale, UT 84047	Jordan School District	100	4	Home visits, center-based evening program for infants and toddlers, center-based day program for toddlers

Agency	Geographic Location	Numbers Children	Number of Personnel Trained	Brief Description
The Learning Center for Families 1192 W. Sunset Blvd. #2 St. George, UT 84770 (801) 673-5353	Washington County	40	8	In-home services, center-based
SUU Early Intervention SUU Box 9587 1552 W. 200 N. Cedar City, UT 84720	Iron, Kane, Beaver, Garfield Counties	30	4	Home-based center-based
Davis County School District Family Enrichment Center 320 South 500 East Kaysville, UT 84037	Davis	120	10	Home and center-based services
Provo Early Education Program 1165 E. Birch Lane Provo, UT 84704 (801) 374-4965	Provo School District and Provo City	85	17	Home and center-based services or combination of both
Wasatch Baby Watch 101 E. 200 N. Heber, UT 84032 (801) 654-0345 (801) 654-1478	Wasatch County	15	5	Home-based services, toddler center class, parent group
Pediatric Rehabilitation Center of Northern Utah 5030 Harrison Blvd. Ogden, UT 84403 (801) 476-5775	north to Utah state line, south to Kaysville, east to Evanston	125	10	Outpatient habilitative and rehabilitative services comprised of occupational therapy, physical therapy, speech-language programs pathology; home programs
Weber Morgan Health Department Infant Development Training 2233 Grant Suite B Ogden, UT 84401 (801) 778-6153	Weber and Morgan Counties	100	5	Home-based and center-based
Department of Health Family Health Services Children with Special Health Care Needs Program 2540 Washington Blvd., #144 Ogden, UT 84401 (801) 626-3645	Northern Davis, Weber, Morgan, Box Elder, Cache Counties	200	1	Assessment and consultation
		1945	165	Totals

Appendix N

AHEAD Training Evaluation Forms

SKI*HI Institute

AHEAD Training Evaluation

Topic _____

Early Intervention Program _____

Date _____

Evaluation of Training

Rate AHEAD training:	Lowest				Highest	Comments
Length of training	1	2	3	4	5	Too long Just right Too short
Teaching materials/handouts	1	2	3	4	5	
Videos and other media	1	2	3	4	5	
Practical application of content	1	2	3	4	5	
Overall I would rate this training	1	2	3	4	5	

What did you like most about AHEAD training?

How could AHEAD training be improved?

Overall Evaluation of Trainer(s):

Trainers_____

Please rate the trainer in the following areas:

	Lowest				Highest
Knowledge of subject	1	2	3	4	5
Preparedness	1	2	3	4	5
Manner of presentation	1	2	3	4	5
Clarity and understandability	1	2	3	4	5
Encouraging participation	1	2	3	4	5
Responsiveness to questions/needs	1	2	3	4	5

Comments/Suggestions:

SKI*HI Institute

Project AHEAD Follow-up Questionnaire

Now that AHEAD training is completed and you have had some time to use it, we would appreciate it if you would complete the following:

Name _____

Early Intervention Agency _____

	Lowest				Highest
Overall rating of AHEAD training	1	2	3	4	5
Comment:					
General content of AHEAD training	1	2	3	4	5
Comment:					
Overall usefulness of AHEAD training	1	2	3	4	5
Comment:					
Length of training					
Comment:	1	2	3	4	5
Too long Just right Too short					

What did you gain from AHEAD training?

Has AHEAD training helped you improve upon the service you provide?

___ Yes ___ No

If yes, describe what you are doing better or differently since AHEAD training.

(over)

How have you been implementing AHEAD in your work with families/child care providers?

What materials, skills, or information have been the most beneficial? Please describe the ways this has been effective.

What other written resources do you use (besides the AHEAD resources)?

What changes and improvements would you like to see made to the AHEAD training format, content, and materials?

(Please use the postage paid self-addressed envelope to return your completed form to the SKI-HI Institute. Thank you!)

Appendix O

Effectiveness of AHEAD Training

Effectiveness of AHEAD Training

Listed below are the responses collected and recorded during Replication Site Training in Utah (to date) regarding training, materials, and trainers ratings as well as post-training reponses. Following this is a representative series of statements received from participants after they had implemented the information and resources, indicating the effectiveness of the training and the utility of the resources. **Percentages of participants** rating AHEAD are as follows:

Evaluation of Training (1 lowest, 5 highest)

	Level 1,2,3	Level 4	Level 5	N
Level of Training	13	31	55	179
Teaching Materials	4	21	76	204
Videos/Media	5	30	65	201
Practical Application of Content	3	18	79	203
Overall Rating	2	23	76	198

Evaluation of Trainers (1 lowest, 5 highest)

	Level 1,2,3	Level 4	Level 5	N
Knowledge of Subject	0	19	81	173
Preparedness	0	11	89	173
Manner of Presentation	2	16	82	173
Clarity/Understandability	1	14	85	173
Encouraging Participation	1	13	87	174
Responsiveness to Questions/Needs	1	14	85	174

Participant Response to Statements One Month Post-Training

1. **Has AHEAD training helped you improve upon the service you provide?**
   Response: 100% of the participants responded "Yes!"
2. **What did you gain from AHEAD training?**
   Response: "Valuable training to help all families:
   "Great references and resource knowledge for families"
   "It was very helpful in putting in order as far as home visits go"
   "The material will be invaluable"
3. **Describe what you are doing better or differently since AHEAD Training.**
   Response: "Better equipped to give help to families"
   "I am able to give parents concrete printed information... I also have more of a plan"
   "I am using the material and providing more consistent and useful help to families ... it's great to have an orderly way to present things."
   "Great helps in recommendations for meaningful home visitis and IFSP goals"
4. **How have you been implementing AHEAD in your work with families/child care providers?**
   Response: "Suggesting various things to families to help them (e.g., toilet training techniques, dressing, etc.)"
   "To plan home visits with families - - they choose the topics"
   "Sharing information with parents in play groups"
   "Writing IFSP goals that are meaningful"
   "Training with our in-house day care"
   "I have had the families mark the menu page and we have talked about topics in the order they would like to."

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Appendix P

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